

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 04/24/2019	Time of Crash 21:11 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
NORTH Route# Direction CENTRE ST Name of Roadway/Street	At			Route# Direction Address #	Name of Roadway/Street		
WEST Route# Direction RICHMOND RD Name of Intersecting Roadway/Street	Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Mile Marker _____	Exit Number _____	
Route# Direction _____	Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Route# _____	Intersecting Roadway/Street	
Route# Direction _____	Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Landmark		

<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000414
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License # --- St MA DOB/Age ---	Reg # 8JY370	Reg Type PAN	Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2017	Veh Make TOYOTA	Veh Config. 2 20
Operator GOROLEVICI IRINA Last First Middle	Owner GOROLEVICI ANATOLI Last First Middle	Address 15 J A MCDERMOTT CIRCLE	
City RANDOLPH State MA Zip 02368	City RANDOLPH State MA Zip 02368	Insurance Company PROGRESSIVE	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 1 22 22 22 22	2	3 4
Citation # (If Issued) N/A	Most Harmful Event 1 23	1	9
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 1 24 24	1	8
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25	Towed N	7 6

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	1	4	99	0	0	10	1	N/A	

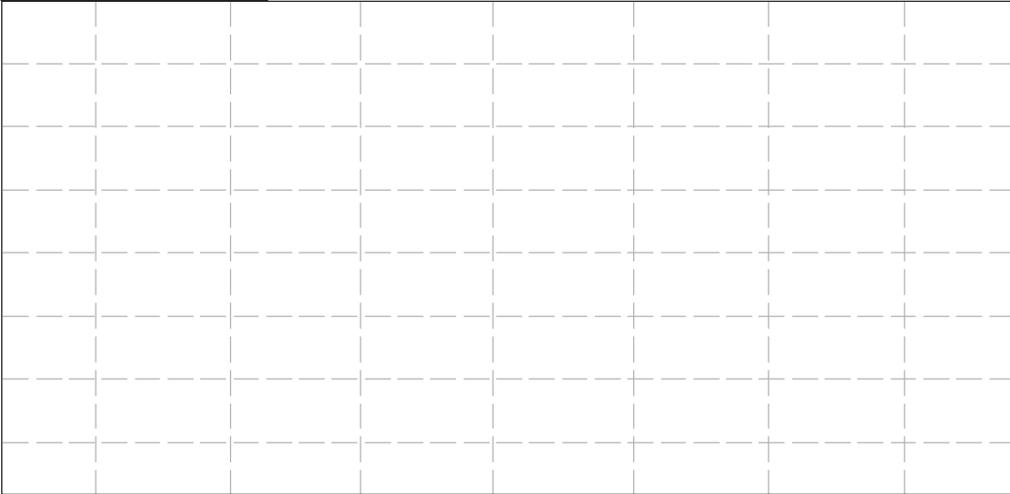
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A Type	14 Action	15 Location	16 Condition	17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age ---	Reg # 5VA815	Reg Type PAN	Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2016	Veh Make HONDA	Veh Config. 1 20
Operator THATWISAI PARTO WIRANYA Last First Middle	Owner PARTOSAN KENNETH Last First Middle	Address 98 SELWYN ROAD	
City RANDOLPH State MA Zip 02368	City RANDOLPH State MA Zip 02368	Insurance Company COMMERCE	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 1 22 22 22 22	2	3 4
Citation # (If Issued) N/A	Most Harmful Event 1 23	1	9
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 1 24 24	1	8
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25	Towed Y	7 6

Please fill out for operator and all occupants involved												
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Operator/Non-Motorist	See Above	-----	---	1	4	99	0	0	10	1	N/A	

→ Direction 1 Vehicle 1 2 Vehicle 2  Pedestrian
 ie: → 1 → 2 → 

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Street (N) at a red light while operating her 2016 Honda Civic (MA: 5VA815). Thatwisai Partosan stated while stopped in traffic MV3 crashed into the rear of her vehicle. The force from MV3 crashing into the rear of her vehicle caused MV2's front bumper area to crash into the rear bumper area of MV1. I observed moderate to the front and rear bumper areas of MV2. The vehicle was removed from the roadway by Tody's towing. Thatwisai Partosan reported no injuries and signed a patient refusal with Newton Medics. The operator of MV3, Sofija Garcevic (S74039706) stated she was traveling North on Centre Street towards Cabot Street. Garcevic stated she looked up and observed MV2 in front of her. Garcevic stated she did not have time to stop and crashed into the rear of MV2. I observed moderate to the front bumper area of MV3. The vehicle was removed from the roadway by Tody's towing. Garcevic reported no injuries and signed a

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL R GAUDET

NEWTON POLICE DEPART

04/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

